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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A NEW METHOD FOR THE TREATMENT OF INGROWING TOE-NAILS.

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Probably it would be more correct to speak of an overgrowing fold of skin, rather than an ingrowing toe-nail, for the former expression more accurately describes the condition of things in most, if not all, such cases.

This overgrowing of the skin is caused usually by the pressure of the adjacent toe; or, if on the outside or the inside of the foot, by the pressure of an ill-fitting shoe. It was the observance of this fact, followed by attempts to counteract or remove this pressure, that finally led to the mode of treatment here suggested.

Scrape or gouge out a narrow groove in the centre of the nail from its base to its free margin, making the nail so thin that when either side is lifted it will turn on this groove as on a hinge, and will not press the opposite side of the nail down into the flesh. Force a small piece of cotton under the edge of the nail on the sound side of the toe. Then take an oblong piece of cotton, as long as you judge you can possibly use for the purpose, and force the *centre* of it as far under the irritating point and buried edge of the ingrowing nail as the patient can bear to have it. A very gradual, interrupted introduction of the cotton will cause the minimum of pain to the patient. Then pack one end of the cotton around under the lower margin of the nail. Fold the other end back upon the nail, and push it as much as possible under the flesh at the side and base of the ingrowing nail.

Up to this point there is nothing new in treatment, except, perhaps, the folding over of one end of the cotton so as to form a compress along the inner side of the flesh which has overlapped the ingrowing nail.

Now, take a bandage of muslin, as broad as the toe is long, and about a foot and a half in length, and place the initial extremity underneath the affected toe. Carry it up on the sound side of the toe, over the toe, down over the ingrowing nail, and beneath the toe which lies against the ingrowing nail; then up on the far side, and back over the top of that toe; over the top of the affected toe again, down on its sound side, and under it, thus fixing the initial extremity of the bandage.

Then, lifting the adjacent toe in the loop you have made around it, pull it as far as possible up over the top of the affected toe, and fasten it there by carrying the bandage beneath both toes and making circular turns around the two, held in that position until the bandage is exhausted. Having made as firm pressure as possible without causing pain, fasten the bandage with a pin on top and between the two toes.

Often the bandage may have to be comparatively loose when first applied, but in a day or two it will be found that it can be made very tight without discomfort or pain.

When first put on, this bandage will feel very uncomfortable to the patient; but, if a well-fitting shoe (not a tight shoe) is worn, and the patient goes about his or her usual occupation, in an hour or two this uncomfortable feeling wears off, and the ingrowing nail is forgotten.

Fresh cotton should be put under the nail every day, in the manner described, till it can be pushed back under the edge of the ingrowing nail almost to its base. After that the cotton need be changed but once a week, unless it becomes wet from any cause, when it should be immediately changed.

The bandage may be removed at bedtime, and replaced on arising in the morning, if it occasions any discomfort when worn at night.

The groove in the centre of the nail must be constantly renewed as the nail grows out; and the nail must be trimmed square across when it gets too long for comfort. It should never be trimmed closely, nor should the corners ever be rounded off in trimming it.

This treatment ought to be continued until the adjacent toe has acquired the habit of remaining above the ingrowing nail instead of below it, for it will be found that the majority of ingrowing nails are caused by the adjacent toe, which presses the flesh up over the ingrowing nail.

As will be readily perceived, the effect of this treatment is, in the first place, to press the flesh down and away from the ingrowing nail by means of the superimposed toe; and secondly, by means of the upward pressure of the cotton under the edges of the nail on either side, together with the hinge-like action of the central groove, to encourage the nail to spread out over the top of the toe.

The flesh over the ingrowing nail is pressed down, and forms a teat-like projection at the side of the toe, which rapidly atrophies and disappears, leaving the ingrowing nail bared and free to spread out. The compress, formed of one end of the piece of cotton used, aids in this very much.

The removal of the pressure of the adjacent toe (which is usually the chief cause of the ingrowing toe nail, and which often prevents a permanent cure), together with the use of that toe in exerting pressure in the opposite direction, are the essentially new points in this treatment.

The results, wherever this treatment is faithfully carried out, are most satisfactory. Immediate and entire relief is given to the patient, and the case goes on to a permanent cure, requiring litle care and causing no pain or discomfort after the first few days. The writer has seen these results repeatedly in patients whose business has kept them on their feet for a large part of the time during the treatment.

Doubtless cases of ingrowing nail will be met with which will not yield to this treatment; yet we believe that many cases can be cured more rapidly and more pleasantly by this method than by any other conservative treatment now in vogue.

It will be observed that this method of treatment cannot be used when the ingrowing nail is on the inner side of the big toe, or on the outer side of the little toe. In such cases the nearest approach possible to this treatment will be the use of a piece of cork in the manner suggested by Prof. Agnew.*

ON THE DIETETIC FACTOR IN THE TREATMENT OF ANGINA PECTORIS.†

BY N. A. RANDOLPH, M. D.,

Of Philadelphia.

There has recently been under my care a patient suffering from true *angina*, in whom, as is not seldom the case, any slight gastric irritation constituted the immediate exciting cause of the frequently-recurrent paroxysms.

After the last attack there existed an inability to retain the lightest and simplest foods, their ingestion inducing not only nausea, but much cardiac distress. Recourse was had, with advantage, to milk, partially digested by the commercial Extractum Pancreatis; but the flavor of the resultant preparation was unappetizing, and finally became repulsive to the patient, who whimsically described its taste as that of "stewed corpse."

To meet this emergency, there were devised two food products, which I have not seen described, and which, in practice, proved eminently satisfactory.

1. *Pancreatized Oysters.*—The oysters of an ordinary stew (containing milk), are removed and finely minced, then returned to the liquid portion of the stew. The whole is brought to a temperature of 100° F., the appropriate proportions of pancreatic extract and sodium bicarbonate are added, and the mixture maintained at the temperature mentioned for thirty minutes, with occasional stirring. It is then strained and served, and forms not only a highly nutritious and palatable soup, but one which is retained by very irritable stomachs, and utilized with a minimum of digestive power. After boiling, to prevent the further action of the digestive ferment, gelatine may be added, and the mixture served cold as a jelly. Cooked tomato, onion, celery, or other flavoring suited to the individual taste of the patient, may be added at the beginning of the artificial digestion, and the solid residue removed in the final process of straining, at which time it

* Principles and Practice of Surgery, vol. iii., p. 487.

† Read before the Philadelphia Neurological Society.

will be noticed that the minced oysters originally added have been in great part dissolved.

2. *Pancreatized Milk-toast.*—Ordinary milk-toast, in which there is an abundance of milk, when digested in the manner just described, becomes an almost homogeneous pulpy mass, which, when the crusts have been removed, is usually acceptably retained by the irritable stomach. In extreme cases, however, it may advantageously be strained and the fluid portion alone used, in which the partially peptonized solution of casein of the milk is reinforced by actually digested gluten and starch of the bread, together with a very little dextrin. Plain, light sponge-cake may be similarly digested, and occasionally forms a desirable change.

In conclusion, I would express the hope that these rather homely suggestions may prove of value in other hands, in extending the somewhat scanty bill of fare suited to patients suffering from gastric hyperæsthesia, and the various neurotic troubles of which such a condition may be the exciting cause.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(*Concluded from page* 717.)

Discussion on Medical Education.

Dr. Oscar H. Allis, in opening the discussion by request of the Chair, said: "The lecturer is to be commended for his paper, and I compliment him and congratulate myself on being present at the reading of so interesting and elaborate an address—I regret, however, the duty that devolves upon me of opening a discussion upon a subject, the details of which I was necessarily ignorant but a moment before.

"The paper of the evening comes from one who has spent many years in public and private medical teaching. With many points brought forward I am in fullest accord. The whole matter of medical education, as it confronts us to-day, is not what we would desire, but what is the best course to pursue under existing circumstances.

"Were I to map out a plan that I should feel would advance the student of medicine most rapidly, and prove of the highest permanent good, I would insist upon a judicious and adequate preliminary course of study. The clinics and higher mathematics are not merely accomplishments, there is a training in their mastery, that will show itself in every step in after life.

"But viewing matters as they are, such a standard is impractical, and this the lecturer knows too well. I would, then, take the student just as he is, presuming, of course, he has made sufficient advancement in the rudiments of an English education, and at the very outset of his medical education put him with instructors in the practical branches of his course; thus bringing teacher and pupil into daily and hourly contact, rather than have them meet but once, and that at the end of a short two years' course of study.

"We all have our ideals. Were I to found a medical college, some such preparatory course would be adopted, and no one would be permitted to attend upon the lectures of the professors until he had mastered the elementary branches, such as anatomy, chemistry, materia medica, and the like, under competent teachers, and with all the advantages of laboratory and class instruction. For my own part, I know of nothing more unsatisfactory, more distracting, than for a surgeon to attempt to explain the nature, importance, or difficulties of an operation, to a class half of whom have never entered a dissecting-room. He must either ignore the freshman, or descend to his level, and in either case doing new-comers, the advance pupil and himself great injustice.

"If I understand the lecturer correctly, he would dispense with the preliminary examination, such as now demanded by the Medical Society of the State of Pennsylvania, and in many of the medical colleges throughout the land; with this I cannot agree. I know of no better time or place to ascertain the fitness of the student for his work than at home and at the outset of his studies. Preliminary examinations are meant to deter only those whose elementary studies have been grossly neglected."

Dr. Wm. Pepper: "Mr. President, when I received the special invitation you were courteous enough to send me, I determined to be present this evening, more especially in order to benefit from the views of others who have had much and varied practical experience in medical education. I will, however, make a few brief remarks upon some of the points touched upon by Dr. Leffmann; and first, as to preliminary examination: I think it is a great thing to have one, and even though it be not adequate nor properly enforced, still the mere statement that there will be an examination deters lazy and badly-prepared students from even applying; and if a mere shadow of one be thus useful, we may imagine how valuable uniform and properly enforced examinations will be. Unfortunately, there are but few colleges who exact them, and it is a question for the profession at large to decide whether all colleges shall or shall not establish this essential requisite of a good education.

"So long as students are sent to colleges which have no such preliminary examination, and which have a comparatively low standard of requirements, so long will such colleges continue in their course. In regard to the character of the preliminary examinations, I consider a good knowledge of mathematics and of physics, together with the elements of a good English education, of much more consequence than the classics, and I would willingly accept proficiency in modern English as a substitute for the latter.

"With the lecturer's views on special courses I must disagree, unless the period of medical education is made longer than in any of our colleges to-day. I do not believe in differentiation of medical studies at an early period. It is true that modern practice leads to more and more specialization, but unless we insist that the

specialist shall have the broadest general education, his value as a specialist is greatly endangered, and I cannot help feeling that if students were to be encouraged at an early period of their course, as being engaged for fitting themselves for this or that specialty, the tendency to concentrate their attention upon it to the serious neglect of the necessary elementary branches would be insuperable. Equally strenuously must I object to any increase in the number of degrees. Already the variety of degrees bestowed by American colleges is ridiculous, and if we were to enter upon the practice of giving different special degrees for attainments in different specialties, no one could foretell the chaos of titles which would result. The truly reliable specialist readily becomes sufficiently distinguished in the esteem and confidence of the community.

"I cordially agree with Dr. Leffmann, with reference to a State Board of Examiners, but until that becomes possible, our final examination should be made more practical. The candidate for graduation should be compelled to show his knowledge in actual diagnosis and the direction of treatment, and it will be easy to invite several disinterested physicians to attend such examinations, which would thus acquire almost the success of those conducted by a State Board. In colleges where a suitable preliminary examination is held, the thesis seems to me to no longer possess much value, and I would suggest substituting for it the preparation in each term of one or more clinical records by every student, which would certainly serve not only as a test of literary qualifications, but as evidence of their close attention to practical teaching. I would further offer prizes of special grade of merit for voluntary theses, based upon original investigations.

"With reference to the time of beginning clinical studies, I realize the difficulty of lecturing to an audience, a considerable portion of which are still ignorant of the very rudiments; still I do not believe that the few hours weekly spent in the clinical amphitheatre by first-year students are lost. There is a dramatic element in the instruction thus given which is important, and the whole constitutes a portion of the necessary training of the special senses and faculty of observation. There is, however, a kind of practical instruction which is really clinical, which should begin at the very outset of the student's course, and for which I am happy to say, provision has now been made in the University of Pennsylvania. I refer to the demonstration before small sections, with careful training of each individual student in the perception of the normal physical signs. This will afford most valuable training for the first-year students, while it will enable the student in his last year to receive true clinical teaching in the wards, instead of being compelled, as is now too often the case, to spend his last year in elementary practical work, which could be mastered by the veriest tyro."

Dr. Charles K. Mills: "I do not agree with the views presented by Dr. Leffmann on the granting of degrees for attainments in specialties, but rather with those of Dr. Pepper. It would be unfortunate to multiply the number of degrees. It is highly important, however, to have instruction and examinations more specialized. As it is now, the examinations are only on seven or eight branches. Nothing so stimulates the student as the knowledge that he will be examined on his work. The thing to do, as long as examinations are still held by the colleges, is to specialize them as much as possible. There is no danger of this making specialists, though the giving of the degrees mentioned might have the tendency to check pseudo-specialists. It is well known that the University of Pennsylvania has recently added a fourth year for special instruction to under-graduates and graduates. An examination is held on each branch. Those who took this course last year went before the examining board of one of our large hospitals for examination for the position of *internes*. More than half were successful, though no specialists were on the board; an excellent showing for the method of instruction and examination pursued in their cases.

"Every institution should have at least a full and regular course on medical jurisprudence, but it is a mistake to suppose that a general course of this kind will of itself make medico-legal experts. It will further and more fully equip those who are already medical experts in special departments. The physician of the specialty concerned becomes the true expert in the case under trial, and as these are diverse there cannot be a general professional expert.

"The question involved may be one of insanity, nerve injury, ophthalmology, poisoning, etc., requiring a physician who has especially devoted himself to a certain line of work for many years."

Dr. J. E. Garretson: "I compliment the man who, in this dollar-and-cent age, directs attention to the flaws in American medical education, at the expense of his pocket. Everything, however, is not wrong. Teachers are, as a rule, the advance guard of the age. What they leave undone is a result of their not finding themselves able to do. Professors teach; students learn. Silk purses are not to be made out of sows' ears. The material is too often of a sows'-ear character. To make something out of nothing is not easy. Let us turn our attention to the students. You must know a man in order to know him. I have been a teacher for over twenty years, and I think I know students. A full half of the young men that come to Philadelphia to study medicine should be turned face about and sent to a village school. In order to fit pantaloons to legs we must have the legs; while to know about legs, one must see them. The legs of a student are to be made bare only by an examination. Dr. Leffmann is right; examination is the thing. Another, and very different thing, however, is the fact that examinations are against big classes, while little classes are against the exchequer. It is a pity that the medical schools are not endowed; otherwise, it is a pity that American professors are not, like the Germans, able to subsist on lager beer and pretzels. Personally, I favor preliminary examinations, or, if this be not democratic, be not what people call "giving a fair chance," why then let a student, even though he be dull as a clod, enter the freshman-class, but let him be kept in this class until he helps himself out and over it. Going to school is synonymous with

growing a medical junior. If a freshman fall short of an *m* in inflammation, or if he insist on spelling college with a *d*, it hardly seems unfair that time be allowed him to turn to a dictionary, which shall be neither Dunglison's nor Thomas's. Perhaps, when all is said, time—and not examination—is the thing. Two years for the making of a doctor! Is it not farcical? This paper, by the essayist of the evening, should receive every attention; it has the ring of science, and not of silver. If it be not for good to ourselves, why then for the benefit of the world, let not the doctorate be cheapened. Already the degree is not what it once was. The matter of standing is now in personality, not in a degree. No diploma seems safe in the hands of a democratic American. To-day, boys are found full-grown doctors of philosophy.

"The standard has, in some way, come to be suited to the demands of the trade. Memory, not mind, is the gold which buys. Here, indeed, am I profoundly disappointed. I had hoped that Olympus might have remained unfenced and untoll-barred; that the grand robes of philosophy might have been kept unspattered by dirt.

"It is not possible to talk about this suggestive paper by Dr. Leffmann otherwise than excursively, except by taking up its various suggestions in detail."

Dr. John B. Roberts: "Mr. President, you have requested me to make some remarks on this subject, and I shall do so with pleasure. I fully recognize the importance of a preliminary examination to the intending student himself, for I believe he had better prepare for the preliminary examination of the succeeding college year, than to enter college a year earlier with a deficient knowledge of fundamental educational branches. The argument that a poor student, deficient in education, cannot afford to wait a year before beginning medical studies is specious. Let him work at the plow or desk that year, buy a few second-hand books, devote two hours to study, and he will not only be making money, but will, at the year's end, be able to pass a preliminary examination. Thereafter medical studies will be intelligible to him, the final examination more easy, and a higher professional income assured. A year will not be lost, but gained.

"While I believe the preliminary examination advantageous to the pupil, and therefore endorse it, I deem it unnecessary if the medical colleges could be compelled to adopt a high-grade final examination. The examination then should be partially written. As the U. S. Naval and Army Boards need no preliminary examination, so would medical colleges need none. I know that in the Naval Board, and probably in the Army Board also, many candidates, though graduates of noted schools, are rejected because of inefficient general education before they come to the professional examination. A man who can't write a simple record of his own life, in his mother tongue, is not apt to reach the professional examination before the Examining Boards, composed, as they are, of men whose duty is simply to find out what the candidate knows. This shows the advantage of examining boards whose income does not depend on the number of candidates passed.

"My former experience as a quiz-master gives me some right to speak of the defective knowledge often found in advanced medical students. I have also read some graduation theses. Perhaps some other members of this Society have enjoyed that high privilege. If any such are present, they will remember the circumstance because of the ludicrousness of the high-sounding name 'thesis.' The Paris theses are printed, and often referred to as sources of medical information. A collection of all the theses presented to the American medical colleges during the last five years would be more entertaining than that book of books, 'English as She Is Spoke;' and no Mark Twain's preface would be needed.

"Does it not seem strange that the profession of Pennsylvania should take no radical step to elevate medical education, when Illinois, Virginia, and even the youthful Nebraska, have struck terror into the heart of the half-educated graduate? The State Board of Health of Illinois will not recognize a diploma as entitling the holder to a certificate for permission to practice in Illinois, if the college granting it falls below the minimum schedule. This schedule requires a preliminary examination or equivalent documentary evidence, and teaching in hygiene and medical jurisprudence in addition to the ordinary branches. It also demands three full years of professional study, quizzes at least twice a week, and the final examinations to be conducted, when practicable, by examiners other than the professors.* How rigidly this standard is enforced I am unable to say, but I know that a graduate of last year in this city, who intended settling in Chicago, showed me a few months ago his papers, telling him to appear for examination in hygiene before the Board. What a slur upon Pennsylvania medical teaching! A Philadelphia doctor who graduates with honors cannot practice on the western paririe until he is examined as to his professional knowledge! In other words, he is a good enough physician for old Philadelphia, but not for the young west! Humiliating, truly! but not to Illinois.

"Virginia has done even better, for she has established a State Board of Medical Examiners, before which every applicant for practice after January 1, 1885, must pass a satisfactory examination before receiving a license to practice medicine or surgery. Two examiners-at-large are to be elected by the Society, three from each of the ten electoral districts of the State. A fine of $500 is to be imposed upon those who do not comply with the terms of the law.†

"The Nebraska State Medical Society also is on the alert, and will accept as member no physician who is a graduate of a college falling below the requirements of the Illinois State Board of Health.‡ Those requirements I have already indicated. Philadelphia doctors will scarcely be welcomed in any part of the United States if this epidemic demand for educated physicians extends much farther. As we cannot control the epidemic, had we not better take the quickest possible steps to elevate ourselves to the level of the profession of the prairie and the plain?

* Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. Issued by the Illinois State Board of Health, 1883, p. 4.

† Medical News, Sept. 20, 1884, p. 326.

‡ Medical News, June 7, 1884, p. 682; Journal American Medical Association, Sept. 13. 1884, p. 306.

"New York, or at least the Erie County Society of New York, has endeavored to have a legislative enactment passed, providing for a State Board of Medical Examiners. Soon our graduates may be debarred from practice in New York also. The time has evidently come for conservative Pennsylvania to fall into line and act.

"The Medical Society of the State of Pennsylvania has for many years been passing resolutions bearing on this question; but to resolve is not to act. I myself was one of those appointed by the State Society to prepare a schedule for preliminary examination of intending office students. The schedule was adopted by the Society, and the law became operative in some of the counties, but in Philadelphia it has been entirely unheeded up to the present time.

"The correct remedy for defective education and examination in this State is, Dr. Leffman has said, the establishment of a non-teaching board, who shall examine all those proposing to practice in this commonwealth. Let the colleges teach and grant degrees if they choose, but let no man practice in Pennsylvania who shall not have been examined by the State Board. This Board might, by legislative enactment, always contain some members who were connected with the faculties of the colleges; but the major portion of its membership should be unconnected with collegiate instruction, and should be appointed by the State Society and the County Societies. At the coming meeting of the State Society this topic will come up for discussion, when it is hoped that something more forcible and creditable than 'Resolved' will be brought forth."

Dr. Benjamin Lee: "It is sometimes charged, Mr. President, that bachelor uncles and maiden aunts know, or think they know, more about the education of children than their married brothers and sisters. In relation to the subject under discussion, I confess that I occupy the position of the bachelor uncle. I am not a practical educator; having been compelled, however, to give this question a great deal of serious consideration, my outside standpoint may, perhaps, have had its advantages. But in what little I have to contribute, I shall not hesitate to avail myself of the published testimony of those who have had a practical experience in the education of medical and scientific students. A man recently apologized to me, on a street car, for the hilarious conduct of a companion, by saying that he had just completed his six years' apprenticeship at the trade of blacksmithing. It made me blush for my profession. I said to myself, it takes but two years to teach a man to perform the manifold and arduous duties of a physician, yet, in the judgment of practical men, six years are required to learn to shoe a horse. It has been truly said by one of the speakers this evening, that the medical profession does not now possess the high standing in the eyes of the community of former years. This is evidently owing to the fact that its literary status has deteriorated. But three colleges now demand the requirements held one hundred years ago in this city and country, in order to enter upon the study of medicine.

"In support of this assertion, allow me to quote for a moment from an introductory address of our distinguished fellow-member, Professor Pepper:

"'The first medical school was founded in 1767, though it is stated, by Dr. J. B. Beck,* that the State of New York is "entitled to the honor of adopting the first effectual measures for regulating the practice of medicine." This was in 1760, "when the General Assembly of the Province ordered that no person shall practice as physician or surgeon in the city of New York before he shall have been examined in physic and surgery, and approved by one of His Majesty's Council, the Judges of the Supreme Court, the Mayor of the city, or by any three or more of them, taking to their assistance for such examination such proper person or persons as they in their discretion shall think fit." A fine was attached to infraction of this law. In 1772 a similar law was passed in New Jersey. Those eminent men who formed the University of Pennsylvania, boasted —and it was no idle boast—that their scheme of medical education was to have as extensive and liberal a plan as in the most respectable Europe seminaries, and that the utmost provision was made for rendering a degree a real mark of honor, the reward only of distinguished learning and abilities. This plan was, "that all such students as have not taken a degree in any college shall, before admission to a degree in physic, satisfy the trustees and professors of the college concerning their knowledge of the Latin tongue, and in such branches of mathematics and natural and experimental philosophy as shall be judged requisite for a medical education."'

"From this it will be seen that not only at that early day was the preliminary examination, which has been so properly insisted on by the lecturer of the evening, demanded, but that it was an examination of an advanced character, including the Latin language, and that high dignitaries of the city were required to be present, and take part in it.

"With the multiplication of medical schools, however, the conditions of entrance began to be debased, and the process of deterioration steadily continued until within a very few years, in spite of the earnest and repeated protests of many, both individuals and societies, who had the welfare of the profession at heart. And, in this connection, I confess, Mr. President, that I cannot sympathize with the lecturer in his criticism of the action of the Medical Society of this State in passing 'empty' resolutions from year to year, urging a reform in this matter. The American Medical Association, from the first year of its inception, has made this one of the leading subjects of discussion. No State Medical Society has more persistently and vigorously seconded it than that of Pennsylvania. And so far from its efforts having been fruitless, I believe that it is just the agitation, agitation, agitation, of the question, which it has kept up from year to year, which has made such a paper as we have listened to, and such a discussion as we are now participating in, possible this evening. Another result of constant presentation of the subject has been the formation of a society in this county, having for its principal object the elevation of the literary

* Address before the State Medical Society of New York.

and social status of our profession, by the introduction of a higher standard of education—a society already very respectable in numbers, as it has always been in character. I say, then, all honor to the men who have thus persistently, in the face of discouragement, and often of opposition from the leaders of the profession, year after year, devoted their energies to calling the attention of the profession, of the public, and especially of educators, to this crying evil. Allow me now, very briefly, to quote the opinions of some practical educators on the subjects introduced te our notice. And, first, in reference to the preliminary education: our late venerated fellow-member, Prof. S. D. Gross, than whom no one was better qualified to give an opinion on the subject of education, wrote in 1867: 'A sound preliminary education cannot be too strongly insisted upon or too highly prized. It is a boon of inestimable value.' Prof. Gross enumerates in the preliminary studies English, Latin, Greek, logic, mathematics, history, and geography—such an education as every well-trained scholar should possess—and commends a knowledge of French and German.

"Prof. Gross took a very gloomy view of the situation.

"Dr. Yarnall says: 'My distinguished and honored master, Prof. Gross, declares: "The future holds out no promise of amendment. We shall go from bad to worse until the people can stand it no longer, and then we may hope to be able to effect some reform."'

"I cannot share in this pessimistic view. I believe that the reform has already commenced and feel confident that it will go on with increasing impetus.

"In regard to the study of Latin: it does not seem to me that its true value as a factor in education has yet been sufficiently emphasized by previous speakers. It is not for the immense aid which it gives in the ready understanding of technical medical language and nomenclature that it is chiefly useful, but as a mental training, in developing habits of strict thought and application, in teaching the student how to study, how to arrange and utilize the great mass of facts which the strictly technical education will later furnish him, how to sift the numberless theories which will confront him—in short, how to use his mind. This view is amply confirmed by the results of an experiment made upon a grand scale in Germany, and lasting over a period of ten years. From 1870 to 1880, students were admitted to the University of Berlin as well from the Real Schule or scientific schools as from the Gymnasia or classic schools (colleges). The following are the opinions of several of the professors as to the comparative capacities for study and acquirement of those who had enjoyed the advantages of a classical education, and those who had been deprived of them, but had, instead, been trained in certain branches of modern education supposed to be an equivalent:

"The professor of chemistry says: 'That students from the scientific schools cannot, in this branch of study, be placed upon the same plane with the students of the gymnasia.'

"Prof. Hoffman observes, 'That the matriculates from the non-classical schools often show, at the beginning of their chemical studies in the University, a more rapid progress in acquiring a knowledge of the elementary principles of the science, as well as a greater dexterity in the early practice of chemical manipulation; but that before their studies have advanced very far these relations are reversed, and the non-classical students are left behind.'

"Prof. Rammelsberg gives similar testimony in regard to students in the school of technology. He remarks, 'That those who take his lectures on chemistry during the first semester, the students trained in the gymnasia, though without any previous knowledge of the subject, take a far greater interest in the instruction than that shown by the students from the non-classical schools. At the final examinations the work of the non-classical students is generally inferior to what in advance would be expected, while the work of the classical students is almost invariably better.'

"Zupitza, the professor of English, says, 'That the attainment of the non-classical students is greatly inferior; and what is of still greater importance, they almost invariably show a want of keenness of apprehension and independence of judgment that prevents them from taking any other than a prescribed method.' He also testifies, 'That, as a member of the Examining Committee of the Government, he has noticed that, although the students prepared in the scientific schools begin their studies of English before they go to the University, their knowledge of the language at the completion of their University course is generally much inferior to the knowledge shown by the classical students.'

"Herr Mühlenhoff, one of the professors of the German language and literature, uses these expressive words: 'According to my experience, it is hopeleesly impossible for a student prepared in a scientific school to acquire what may be called a thoroughly satisfactory development. No one ever acquires it through the study of the modern languages; no one ever will, without the solid foundation of a training in a gymnasium.'

"I submit, sir, that such testimony from those so well qualified to judge, and based upon so extended an experiment, is entitled to profound respect. This verdict, I may add, was concurred in by the scientific as well the classical professors."

Dr. John J. Reese: "It is late in the day to find it necessary to advocate medical jurisprudence as an integral part of a medical man's education; yet of the ninety colleges in this country but few make it a necessity. Among the majority of these it is an appendage to various chairs, and, in point of fact, is not taught at all. In neither of the two schools here is it held to be a necessary part of education. It is well known that the late Prof. Geo. B. Wood endowed various chairs as an auxiliary medical department of the University, of which this subject proves one; but very few attend these lectures, in fact, only those who are animated by a keen desire for knowledge. In the Jefferson College, I am told but two lectures per year are delivered on this subject by the chair to which it is an appendage. This subject does not receive proper attention in any medical college in this country, though it may form the subject of the first case of the new physician."

Dr. James Tyson: "Much of the discussion, as well as action in the matter of higher medical education during the next ten years will circle about the subject of the admission examination. In my own experience, the best and most successful students, who make the most successful physicians, are those who have had the broadest preliminary education. Such an education should include the ancient and modern languages and the natural sciences, as well as physics, and all the branches of a thorough English education. But since it is impossible, at the present day, to insist upon such requirements, we should agree upon a reasonable and practicable preliminary education, which the colleges, through professional opinion, should be required to adopt. It is not to be expected that the average college professor, who has reached middle life, will initiate a change which at first may effect a reduction in his income.

"I do not agree with the author of the paper in the views advanced upon medical ethics. I do not understand how the regular physician could care to consult with the homœopath, or the homœopath with the regular physician, as there is no common ground. I am, however, satisfied that a broad and thorough preliminary education is an effectual guarantee against a student's embracing homœopathy. While I have known a number of imperfectly educated physicians who have embraced homœopathy, I have never known an instance in which a thoroughly educated college man, who began the study of rational medicine, has become else than a regular physician, even when the strongest temptation existed to make him a homœopath. Witness a number of the sons of homœopathic physicians, members of this Society.

"I hope the influence of the Society will be exerted to change the existing registration law, which requires the medical colleges of the State to endorse, after examination, the diplomas of the extra-State graduates disiring to practice in Pennsylvania. This duty should be placed in the hands of a Board of Examiners, independent of the colleges. Indeed, I see no reason why the graduates of our own colleges should be exempt from examination by such a Board. All should be put upon a common plane."

Dr. Ulrich, of Chester: "Dr. Leffmann objects to the demands made by the State Society. As I happen to be a member of the committee to arrange the subjects for this preliminary examination, it seems proper that I should make some explanation as to the views of that committee. In doing so, I would say thatI represented the minimum demand, and Dr. Finley, of Altoona, the maximum. We were in existence for at least two years, making at each meeting a majority and a minority report—Dr. Finley, whose demands were very high, making the minority report. I think the differences in our views were entirely due to the differences in our early education. I did not think then, nor do I think now, that worthy students should be shut out, though I desire to advance the interest of the profession as much as possible.

"At the time this report or programme was under discussion, the late Prof. Gross suggested that it would have kept him out if it had then been enforced. No such man could have been shut out; he would have turned back and mastered the requirements. I often, very often, have regretted that my own preceptor had not advised me to a preparatory course; it would have saved me so much labor.

"I take issue on the view in favor of specialists presented by this lecture, and would object to any special teaching during the general or college course. I have always held that specialists should be well grounded in general medical knowledge, and it would lower my opinion of them to think otherwise. I hold that all specialists should be most thorough physicians. What signifies the ability of a man to diagnose an abnormal condition of the eye, ear, uterus, or skin, if he cannot estimate the constitutional relation to either? Mere local treatment is not all that is required in such troubles. There is no question in my mind but that those schools which have adopted the graded course will, in the very near future, command the best pupilage, and the greatest respect for their diplomas."

Dr. Jackson, of West Chester: "While I would not be understood as holding that study of the classics was valueless, as a means of mental training, I certainly think that for such purpose it has been relatively too highly valued. Though the experiment of the last decade in Germany was held by the faculty of the University of Berlin to show that such study best prepared the mind, even for the study of science, it must be remembered that this faculty undertook the experiment with a strongly-expressed prejudice in that direction, and that an opposite conclusion was reached by the faculties of most other German Universities watching the same experiment. Then, too, the gymnasia doubtless attracted the better class of students, because their diploma had, for generations, been necessary for admission to the Universities.

"It is said that the requirements for the medical degree are not now as high as they have been in the past. This naturally results from the 'downward competition' of the schools. A State Board of Examiners, by showing which schools do good work, would establish competition upward, and so raise the standard of medical education."

Dr. Keyser: "From the remarks of Dr. Jackson, there would possibly be a misconception in the minds of those present as to the position of the German Real-Schule in the teaching of the classics. Greek, it is true, is not in the curriculum, but Latin is as carefully and as thoroughly taught as in a gymnasium. We have heard much, this evening, in relation to the necessity of a preliminary education before matriculation in a medical school; but another question is, 'How are we to change the ever-continual quantity into the more proper quality of graduates of the medical schools?'

"We should so agitate this question as to cause students to go to the best and highest educational institutions—colleges which admit none but those well fitted by education and proper mental training as their matriculants, and where the teaching is in graded courses, and not the constant repeating of lectures year after year. It is also necessary to look to the final examination for the medical degree. Let it be stringent, open to public and in full faculty, instead of the accus-

tomed way of going alone and quietly to the professor's office—no slipping quietly into the profession, as I have several times been informed by some of the graduates of our schools. To raise the standard as it should be, we must have the preliminary requirements for matriculation and final examinations for the degree—both high, open and above-board at all times."

Dr. Wm. S. Stewart: "I endorse everything said by the writer on the subject of the necessity of a preliminary education. They have exterminated homeopathy in Germany, and it is to be hoped that a more thorough system of education will do the same in this country. I am also in favor of an examination by the County Societies. In the matter of a State Board, there might be some difficulty arising from the character of the appointments; but I would be willing that the final examination be conducted by the faculty under an outside supervisory committee, and that such an examination should be written as well as oral and public."

Dr. Henry Leffmann: "It will be impossible at this late hour to consider the many points raised in the discussion. I wish to return thanks to the members for their attention to the paper, and especially to those who have taken part in the discussion. I, of course, framed many of the propositions dogmatically; but, I believe, not too stringently. In reference to the attitude of the Medical Society of Pennsylvania, my objection is that it has been too tender in dealing with the matter. If it wishes to enforce the schedule of preliminary examination, let it resolve that after a definite time—say, five years—no person shall be received as a member who is graduate of a college not respecting that schedule or its equivalent. Let the County Society also adopt such a rule. Under such pressure, we will soon see all the colleges respect the requirements. It is true that the State Society has insisted on the appointment of examiners, but the examiners of the Philadelphia County Society have not been given much chance to do their duty."

EDITORIAL DEPARTMENT.

PERISCOPE.

The Pathology of Sensory Aphasia.

Before the New York Academy of Medicine (November 6, 1884), Dr. R. W. Amidon read a paper with this title, based upon original observations in one case, and upon the review of the history of twenty-three other cases reported by different authors. In his own case, the patient, a female, aged sixty-four years, married, had been in perfect health up to nine years ago. At that time she began to suffer from flatulent dyspepsia, headache, and other neurasthenic phenomena. Six weeks before Dr. Amidon first saw her, which was in June, 1883, she was seized with severe pain on the left side of the head, which continued three days, when she became flighty and excitable, and vomiting took place. The right pupil was larger than the left, the tongue deviated slightly to the right, the right hand was not as much stronger than the left as it should have been, and was somewhat tremulous. There was no weakness of the right lower extremity, nor any marked disturbance of motility. The fundus oculi was normal, and acuity of vision was apparently perfect. With regard to speech, it was only in answering questions that she spoke incorrectly; she gave inappropriate answers to interrogatories. She could not count or say letters, but when the spoke of her own accord her remarks were connected and intelligible. She knew all her friends except her husband, and she called her son her father. She could not read, and could not be induced to write. She could hear well, and could sing correctly. She was subject to periodic attacks of a spasmodic nature, occurring at intervals of about a month, characterized by a cry, a drawing up of the right hand, and drawing of the mouth to the right, followed by general convulsions, sometimes with involuntary evacuations.

February 15, 1884, she was seized with a convulsion at 7 p. m., which continued until 11 a. m., the 16th, when she became comatose and died. During the last twenty-four hours of her life she had passed very little urine.

At the autopsy the kidneys were found to be the seat of advanced interstitial changes. The right cerebral hemisphere was normal. On the left side there was an irregular depression, with destruction of the cortex by softening, involving the inferior parietal lobule, the angular gyrus, and the second occipital and first temporal convolutions. There were atheromatous changes in vessels supplying these parts, one of them being entirely occluded.

Dr. Amidon then presented eight diagrams, and read the histories of cases reported by several observers.

Of the twenty-four cases, in eight, with lesions affecting both the visual and the auditory regions of the left hemisphere, there were word-blindness and word-deafness; in two, in which the area of vision alone was affected, there was word-blindness; in fourteen, with the lesion in the auditory region, there was word-deafness.

Dr. Amidon drew the following conclusions: Word-blindness was an incapacity to understand speech, written or printed, vision and intelligence being preserved. It was generally dependent upon a destructive lesion of parts of the left side of the brain.

"Hot Eye," Irritable Eyes, Quiet Gout, etc.

Mr. Jonathan Hutchinson thus writes in the *Brit. Med. Jour.*, November 22, 1884:

"There is a condition to which, for want of a better name, I have for long been in the habit of

recognizing as 'hot eye.' It is one of the many curious phenomena which attend quiet gout. I use the term quiet gout as distinct from acutely paroxysmal gout. In families liable to gout, for one person who becomes the subject of acute attacks of podagra, what is known as unequivocal gout, there are often half-a-dozen who are the subjects of minor symptoms which denote a similar tendency. In them, the tendency never rises to sufficient height to induce a severe and characteristic paroxysm. They are nevertheless liable, after taking beer or wine injudiciously, as to quantity or quality, to experience slight pricking pains in joints, attended by lithic acid in the urine, and other unmistakable signs of the diathesis. In many, these symptoms occur in such invariable associations with the causes suggested, that it is not possible to doubt as to their nature. The liability varies with the weather and time of year, and it often ends, unless precautions be taken, in a sharp attack in the great toe. The term suppressed gout, or, better, undeclared gout, is often used in reference to it; but, since it is simply a minor form of the disease not in any way suppressed, and certainly not to trained observers undeclared, I prefer the term quiet. Amongst the frequent occurrences which denote its presence are repeated short attacks of congestion of the eye. Usually, one only is affected, but sometimes both. The conjunctiva becomes red, and the eyeball feels hot, and pricks, as if sand were in it. The attack may come on within half-an-hour of the meal which has disagreed, and it may last a few hours, or a day or two. Sometimes, owing to interference with the ciliary muscle, vision is slightly dim, and all attempts at accommodation are usually painful. Those who are liable to hot eye, not unfrequently in the end suffer from iritis; indeed, it is not unfrequently an introductory stage to that disease. On the other hand, many are liable for years to very frequent attacks of it, without apparently any risk of its assuming more serious proportions. In the intervals of the attacks, the eye is usually quite well: and it is indeed its definitely paroxysmal character, its sudden development, and very complete and rapid disappearance, which especially mark its arthritic relationship.

"In connection with this subject, it may be noted that, not unfrequently, those who suffer from unequivocal gout, experience shoots of sharp pain in the eyeballs, the nature of which they well understand. A man, William B., aged 51, who had suffered much from gout, and whose father, and four of his father's brothers, had complained much of this kind of pain, yet had never had iritis. When he was gouty, he said, he frequently had 'darts of pain through the middle of each eyeball,' and occasionally across the bridge of the nose.

"A further practical note I must ask leave to make. It is to the effect that many cases of irritable hyperæsthetic and easily-tired eyes in young persons are in association with inherited gout. I feel sure that, in some of these cases, we are in the present day in danger of pushing the recommendation of spectacles to an excess. Some slight degree of hypermetropia may be detected, and it is assumed to explain the irritability of the eye. Yet glasses do no good, and in fact only increase the irritation. In such cases, very often, the real malady is inherited gout."

Concretions in the Pancreas.

Before the Cambridge Medical Society (*British Medical Journal*, November 15, 1884,) Dr. Crowden reported this case, extending over twenty-five years:

W. B. C., married, aged 50, robust and of temperate habits, consulted him in 1880, giving the following history: About his twenty-fifth year, he suffered from scrofulous glands in the neck, for which he underwent a long course of iodide of potassium. Two years later, he suffered occasionly in the morning from great pain in the epigastrium; the attacks soon became paroxysmal, and were considered to arise from indigestion. These increased in frequency and severity, chiefly during defæcation, and were accompanied with peculiar emotional phenomena. Sometimes, the process lasted from one to three hours, during which he had frequent recourse to laudanum and brandy; at the conclusion, he usually passed a few drops of glairy mucus from the bowel, with the simultaneous shedding of a few tears. When seen during the paroxysm, his countenance was pallid, and bathed with perspiration, expressing the greatest agony. Before his death, which occurred suddenly, he became very restless and exhausted. At no time were there any physical signs. The post mortem examination revealed a hard substance near the centre of the pancreas. The head appeared natural; but extending from about the middle of the body, a line of prominences could be seen running along the long axis to the tail, accompanied by great structural change. Some of these masses were very pointed, denuded, and projected under the areolar tissue and peritoneal covering. The lower part consisted of one amorphous mass of concretions, without any soft gland-structure. The peritoneum and wall of the stomach close to the sharp points were acutely inflamed, but there was no effusion The concretions consisted of carbonate and phosphate of lime. Dr. Crowden alluded to the scantiness of the literature on pancreatic concretions, and remarked on the absence of symptoms in his case. He thought probably the emotional phenomena might be due to reflex irritation of the alimentary canal. The sudden death he referred to the injury to the peritoneum by the sharp projections.

Professor MacAlister related the case of a lady, aged 80, in whom the symptoms of intermittent pain at the epigastrium, with emotional phenomena, existed for fifteen years. The case resembled in many points that of Dr. Crowden; and, at the necropsy, there was found a spindle-celled sarcoma of the head of the pancreas, but no concretions.

—The *Revue de Thérap.* gives this formula for an ointment to be used for hæmorrhoids:

℞.	Camphorated ointment,	℥j
	Powdered galls,	
	Acetate of lead, each	ʒiiss
	Extract of belladonna,	gr. iv.

Apply from two to four times daily.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The value of boracic acid in chronic suppurative inflammation of the middle ear is not unknown to aurists, and additional testimony in its favor is offered by Dr. Charles J. Lundy, of Detroit, in a recent paper.

BOOK NOTICES.

Modern Medical Therapeutics: A Compendium of Recent Formulæ and Specific Therapeutical Directions. By George H. Napheys, A. M., M. D. Edited by Joseph F. Edwards, M. D., and D. G. Brinton, M. D. Eighth edition, enlarged and revised. 8vo., pp. 629. Price, cloth, $4; sheep, $5. Philadelphia, D. G. Brinton, 1885.

Of the thoroughly useful books to the practicing physician, there is probably none to which he would refer oftener and with greater satisfaction than the one above named. It has stood the test of seven editions, and now appears for the eighth time, bringing the art of applied therapeutics down to the close of 1884.

The revision it has undergone has been a most searching one, as the numerous omissions from previous editions testify. But the additions have been greater. In spite of dropping many procedures and articles which have not stood the test of experience well enough to justify their retention, and in spite of relegating the section on Diseases of Children to another volume, the present edition is noticeably bulkier than those which preceded it. The new matter, indeed, amounts to about one hundred and fifty pages.

It would be difficult to give in any brief space a just idea of the wide range of this new matter. It embraces everything of value that has appeared during the last four years with reference to the treatment of the diseases considered in the volume.

Singling out some of the novelties almost at random, we may note the anti-parasitic treatment of phthisis, precise nerve vibration in locomotor ataxia, the plan of subcutaneous nerve-tension in sciatica and neuralgias, the radical treatment of hay fever, as developed by Roe, Sajous and Allen; the direct method in post-nasal catarrh, the control of emphysema by elastic respirators, the proper rules for the use of cold-water packs in pneumonia, and many other such novel therapeutic methods, which a practising physician should at least know about, as they come with the weight of high authorities.

This is particularly full and satisfactory with regard to all the approved new remedies. We have noted a number, but have space to name only the more interesting. Thus, we are supplied with particulars of the use of kairin in pneumonia and rheumatism, of naphthaline in bronchitis, cotoin in cholera in Egypt, pitzahoic acid in obstinate constipation, trichlorphenol in dysentery, kreochyle and midza ame in wasting diseases, brayera and aspidium marginale in tenia, resorcin in chills, and eserine in chronic diarrhœa, arlentin in dysuria, paraldehyde in insomnia and insanity, helenin in bronchitis, nickel bromide, as administered by Da Costa, in epilepsy; napelline in neurasthenia and neuralgia, codeia phosphate and diethylacetal as hypnotics, chloro-phosphide of arsenic in neuralgic disorders, the anodyne, tannate of cannabine, manaca, the Brazilian cure for rheumatism, the expectorant cheken, the heart tonic convallaria majalis, and many more, "too numerous to mention," as the auction bills say.

It may be that a large part of these recent introductions will not hold their place in the materia medica; but some of them are doubtless valuable, and certainly it is the duty of every physician to know about them and their uses. He can get that knowledge nowhere more clearly and succinctly than in the volume before us.

Various diseases are introduced, not included in former editions, as insanity, suffocative bronchitis, paroxysmal hæmaturia, etc. The references show that the editors have gleaned carefully the whole field of medical literature, both periodicals and books. In addition to this, the preface informs us that the editors obtained by personal correspondence with leading physicians a considerable number of details of treatment and formulæ which have never been previously published. Hence the work is to a certain extent based on unpublished material.

Ergot in Constipation.

In the *Allgemeine Med. Cent. Zeitung*, Dr. Granzio reports two cases of constipation, following the abuse of purgatives, relieved by ergot. Three doses of ten grains each were given at intervals of two hours, and were followed by a copious evacuation. A second stool occurred spontaneously the next day, and after the administration of ergot in smaller doses for a few days a definite cure was obtained. The constipation was due to atony of the muscular wall of the intestines.

THE

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THE CLOSE OF THE YEAR.

Again the flight of time has brought us to the close of the year. From a professional point of view, we may call 1884 a year of progress. Both in the study of disease, in its prevention, and in the methods of its treatment, there have been notable additions to the general store of knowledge.

Whoever doubts of this, has but to look over the files of the REPORTER, taking the numbers rapidly week after week, and he will not fail to experience an emotion of surprise at the intellectual activity which he will find displayed, emanating from all lands of the civilized world.

Our own country has been by no means the last in this onward march of successful investigation; but the most telling discoveries have, it is true, come to us from across the water. The ardent students of spores and germs, of the abstracter parts of medical science, continue to be found in France and Germany. On the other hand, practical therapeutics and the investigation of new remedies have been more earnestly and fruitfully pursued in the United States. These branches are more consonant to the tastes of our people.

The medical press has been unusually active. Volume after volume has poured forth, of very unequal merit, and too often at the urgency of the bookseller rather than from any demand from the profession. It is a laborious work to separate the wheat from the chaff in such a heap.

Speaking for ourselves, it is a gratifying duty to thank our friends for the kindly support they have given us; and we trust that our efforts to merit this support have been such that it will be continued during the new year on whose threshold we stand.

NOTES AND COMMENTS.

A Case of Thomsen's Disease.

Thus far but three or four cases of this peculiar disease have been reported, amongst them one by Westphal and one by Engel. The main symptoms of this malady are these: An individual apparently healthy, and not suffering from any muscular affection, when about to undergo any exer-

tion, is suddenly seized by a sort of muscular spasm or muscular rigidity; his limbs refuse to move, and he falls down.

A. Eulenburg has recently published another case (*Neurol. Cbl.*, 1884, No. 17). In this case there was no hereditary history, and the twenty-seven years old patient had observed no symptom of the disease until his twentieth year. The quadriceps and the calf-muscles were rigid and hypervoluminous, the mechanical contractility of the rigid muscles was diminished rather than increased; while skin reflexes were normal, the knee phenomenon was wanting on both sides, but Westphal's dorsal reflex could be elicited. Rigidity and hypertrophy of the muscles were also met with in the upper extremities (deltoid, triceps, extensors of the hand); otherwise, no abnormities, sensation intact, but urinary difficulties were present in the form of retention, tenesmus vesical, and occasional incontinence. The direct and indirect electric irritability for both currents was decidedly diminished in the upper as well as in the lower extremities. Eulenburg is of the opinion that the symptoms were caused by a grave intramedullary neuropathy, which view would by itself be an evidence of his not being a case of Thomsen's disease, as in this the prognosis at least quoad vitam is by no means a grave one. Still in the present state of knowledge the case reported by E. would be best classed with those of the Thomsen variety.

Adipose Diarrhœa.

This was the name given to a case by Dr. Allen, of Rensselaer county, who described it before the first annual meeting of the New York State Medical Association (November 18, 19, 20, 1884). The patient was about sixty years of age. The stools were not very fluid, but contained matter looking like melted fat. There was pain at umbilicus, and borborygmi just before the stools. The patient had three or four movements a day, the odor of which was unbearable. The fæces presented bundles of fasciculi surrounded by fat; appetite variable. Pepsine and pancreatine, āā gr. v., t. i. d., and an opiate constituted the treatment. For diet, soft-boiled rice, milk, toast, and tea. Under this treatment there was less adipose matter in the stools. There was coldness of extremities noticed to be present. The patient improved, but had a relapse from eating pork. He grew rapidly worse, and sank into a deep stupor; urine partially suppressed, and an examination showed one-quarter part sugar, one-sixth albumen, with epithelium, hyaline casts, and broken-down blood corpuscles. The patient died in coma and no autopsy was permitted. The case was presented to the association as a remarkable one.

Sweating to Death.

Such an unusual case as that which Dr. Myrtle reports in the *Brit. Med. Jour.*, November 1, 1884, is worthy of comment. The patient, a healthy, active man, after suffering for three weeks from pain of rheumatic character, relieved by sodium-salicylate, was seized with profuse sweats, frequently of most offensive character, and lasting at times for ten hours. Atropine and ergotine both caused sudden symptoms of collapse. He improved for a time on arsenic, and the perspiration lost its fœtor. He died from exhaustion 121 days after he had first felt the flying pains. No necropsy could be obtained. Dr. Myrtle regarded the case as one of paresis of nerves supplying the sweat-ducts, caused by frequent exposure to cold during his employment. Dr. Braithwaite, Dr. Hutchinson, and Mr. Wheelhouse related cases of excessive sweating, which in one instance was relieved by the external application of belladonna-liniment, and in another by taking copper-sulphate. Dr. Jacob thought the intermittency of the attacks precluded a peripheral paresis, and pointed rather to the sweat-centres being affected.

Transmission of Bovine Tuberculosis by Milk.

Dr. F. Imlach instituted a series of experiments, in which he fed young animals on the milk of cows that had given evidence of tubercular phthisis during their life-time, and where the post-mortem examination proved the correctness of the diagnosis. Of two calves, two pigs, one young goat, four guinea pigs, and two monkeys thus nourished, only the monkeys contracted the tubercular malady. Controlling experiments were not omitted, but Imlach mentions one fact which does not only throw a totally different light upon the question, but in some respects even deprives the experiments of all value, viz., that the milk employed in these investigations, in no instance contained tubercular bacilli. His researches, therefore, simply go to prove that the bacilli are the real pathogenic element, and that no matter what part of a tissue, tubercularly diseased, is used for inoculation, the result regarding the transmission of phthisis will be a negative one, as long as no bacilli are contained in the morbid material.

NEWS AND MISCELLANY.

Ohio State Sanitary Association.

The second annual meeting of the Ohio State Sanitary Association will be held at Columbus, Ohio, February 5th and 6th, 1885. Programmes containing full information as to papers, sessions, railroad rates, etc., can be had by addressing the secretary, Dr. R. Harvey Reed, Mansfield, Ohio.

Colorado Beetles in the Stomach.

To the *Canada Lancet* (October, 1884), Dr. Harrison, of Keene, Ont., sends the following: On July 9, a child two years old was brought to his surgery very ill. The symptoms were indicative of intestinal and alimentary irritation, with tendency to stupor. He was doubtful about the cause, but thought it might be due to worms or something the child had eaten. He gave some powders of santonine, aloine, etc. Two days after the parents were amazed and alarmed at seeing the child pass a large quantity of Colorado beetles in the pupa state. The child continued to improve steadily as soon as rid of the offenders. Strange to say, they do not appear to be the least inconvenienced by their sojourn in the child's stomach.

The Heredity of Longevity.

The *Lancet*, November 29, says: "It would be interesting to study more closely, in the case of centenarians and other aged people, the ages of their near relatives and immediate ancestors. It will probably be found not rarely that long-lived persons have not been stronger than those who have been short-lived. They have their "often infirmities" like other people. It will also frequently be found that their brothers and sisters have been as short-lived, or more so, than others. At the same time an element of heredity may not seldom be traced, or may have to be recognized, for we have not yet sufficient data for dogmatic conclusions. We are able to give to-day some few more particulars of the ages of the immediate family relatives of Sir Moses Montefiore, which we have reason to believe are correct, though in one particular at variance with a statement in a previous number. Thus one parent died at 79, one at 83, his grandfather at 87, his grandmother at 93, a brother at 75, another at 69, a sister at 84, another at 79, another at 82. These nine ages at death give an average longevity of 81 years. The first four—those of the parents and grandparents of Sir Moses—give an average of 85 years."

Personals.

—The College of Physicians and Surgeons of Chicago has invited H. V. Sweringen, A. M., M. D., of Fort Wayne, Indiana, to occupy the chair of Materia Medica and Therapeutics in that institution.

—Twenty medical practitioners died in Naples, out of 139 engaged in attending cholera patients under the White Cross Society during the recent epidemic.

Items.

—At Lesignan (Aude) some families showed symptoms of poisoning, which were proved to have been caused by eating salads grown in vineyards treated with chemical products which had been employed against the phylloxera.

—In the *Annales de Gynécol.*, October, 1884, Dr. Léon Dumas reports a case in which he performed the Porro operation on a woman, thirty years of age, for rachitic pelvis. The child was saved, but the mother died of peritonitis on the sixth day after the operation.

—The Cheyenne Indians would rather eat dog than venison. A few weeks ago, Iron Shirt, a chief of the Cheyennes, managed to steal a valuable Gordon setter which belonged to some English tourists, and at once killed and ate it, although there was plenty of other meat at his hand.

—A statue of Claude Bernard is to be placed at the top of the grand staircase of the College de France, at Paris. It will be the work of M. Guillaume, whose sketch in plaster was last week erected on the site intended for the work when completed, which will be in about a month hence.

—The *Medical Report of the London Temperance Hospital* for 1883–4 gives a list of fifty-three cases of typhoid fever which were treated with the result of six deaths. All the fatal cases were complicated. None of them were total abstainers. Of the abstainers who were under treatment all recovered, though some of them were severe cases. Alcohol was not administered in any case.

—The following formula, suggested by Gruber, in the treatment of deafness of labyrinthine origin, is published in the *Union Médicale:*

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	Veratrine,	0.10 gramme.
	Iodine,	0.025 "
	Iodide of potassium,	1.00 "
	Simple cerate,	10.00 grammes.

—In England, recently, whilst a dentist was complying with a patient's request to use his painless dentistry process, in which bichloride of methylene was used, he observed that the boy's head dropped, that he turned pale, and that he was gasping for breath. A restorative was administered, but without success, and a medical man was summoned, but before his arrival death had occurred.

OBITUARY NOTICE.

DAVID H. CROUSE, M. D.

Dr. David H. Crouse died at his home in Dayton, Indiana, December 7, aged seventy-three years. Dr. Crouse was a native of Pennsylvania, having been born at Mechanicsburg. When he was very young his parents moved to Ohio, and from there to Indianapolis, and finally to Dayton. Dr. Crouse graduated in medicine from the Jefferson Medical College, of Philadelphia. Dr. Crouse was a man of strong religious convictions, and thoroughly loved his profession, in the practice of which he was actively engaged until his death. He seemed to have a special faculty for endearing himself to his patients, whose confidence and esteem he rapidly gained.